Weaning Growth Chart

Fledgling aged chick

Species: _____
Band No: _____
Hatch Date: ____/____/____

Date	Weight (g)	Feeding (Quantity and Amount: ml or # of spoons)												Dropping (good (✓), green (G), liquid (L), dry (D)			Special Care and Comments
		Morning			Noon			Evening			Night						[housing; location (nursery, weaning room, post weaning room) chick pen with box, dry food, perch, water] [Harness; in/out] [Rotary tool] [Towel] [Transporter] [Food test; lot, expiration, date started] [When feeding; lunges, bites, begs, indifferent] [Feather abnormalities] ADD INITIALS
		Syringe	Spoon	Wet food	Syringe	Spoon	Wet food	Syringe	Spoon	Wet food	Syringe	Spoon	Wet food				